

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO : FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		①				
5		①				
6		①				
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50						
TOTAL IND.	1					
TOTAL DEP.	7					
TOTAL CLAIMS	8					

	BND	DEF	BND	DEF	BND	DEF
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